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Docket No.: 1509-260

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of	:	:	EXPEDITED PROCEDURE
	:	:	Response under 37 CFR 1.116
Lawrence WILCOCK	:	:	Confirmation No.
	:	:	3686
	:	:	
U.S. Patent Application No. 10/057,903	:	:	Group Art Unit: 2644
	:	:	
Filed: January 29, 2002	:	:	Examiner: JUSTIN I. MICHALSKI
	:	:	
For: AUDIO USER INTERFACE WITH SELECTIVELY-MUTABLE			
SYNTHESISED SOUND SOURCES			

AMENDMENT UNDER RULE 116

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Sir:

This paper is submitted in reply to the Office Action mailed may 17, 2004, which was made Final. Applicants respectfully request that the following amendments as to form be entered to place this application in condition for allowance.

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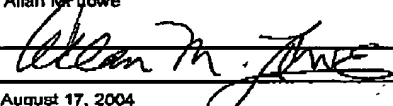
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/057,903	
	Filing Date	January 28, 2002	
	First Named Inventor	WILCOCK	
	Art Unit	2644	
	Examiner Name	Michalski	
Total Number of Pages in This Submission	12	Attorney Docket Number	1509-200

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Allan M. Lowe
Signature	
Date	August 17, 2004

## CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Pamela Cai
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Date	August 17, 2004

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